

## PART B - FEE(S) TRANSMITTAL

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26541 7590 10/21/2004

**RITTER, LANG & KAPLAN**  
**12930 SARATOGA AE. SUITE D1**  
**SARATOGA, CA 95070**

01/18/2005 CNGUYEN1 00000126 09929738

01 FC:1501 1400.00 OP

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Diane Elzingre

(Depositor's name)

*Diane Elzingre*

(Signature)

1/11/05

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/929,738	08/13/2001	Emilio Casaccia	CISCP686	9020

TITLE OF INVENTION: SUPPRESSION OF DOUBLE RAYLEIGH BACKSCATTERING AND PUMP REUSE IN A RAMAN AMPLIFIER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	<del>\$1370</del> \$1400	\$0	<del>\$1370</del> \$1400	01/21/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
HUGHES, DEANDRA M	3663	359-334000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Ritter, Lang &amp; Kaplan LLP

2.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cisco Technology, Inc.

San Jose, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies \_\_\_\_\_

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- ☒ The Director is hereby authorized by \_\_\_\_\_ to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1632 (enclose an extra copy of this form).

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Gary T. Aka*

Date

1/11/05

Typed or printed name

Gary T. Aka

Registration No.

29,038

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/929,738
	Filing Date	August 13, 2001
	First Named Inventor	Emilio Casaccia
	Group Art Unit	3663
	Examiner Name	Deandra M. Hughes
Total Number of Pages in This Submission	Attorney Docket Number	CISCP686

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> <b>Fee Attached</b> <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> ) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> <b>Return Postcard</b> <input checked="" type="checkbox"/> <b>Other Enclosure(s) (please identify below):</b> <b>PTOL-85 Part B – Fee Transmittal</b>
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 50-1652.
In response to the Notice of Allowance and Fees Due mailed October 21, 2004, please make the enclosed of record.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm and Individual name	RITTER, LANG & KAPLAN LLP Gary T. Aka Reg. No. 29,038
Signature	
Date	January 11, 2005

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown: <span style="border: 1px solid black; padding: 2px;">January 11, 2005</span>			
Typed or printed name	Diane Elzingre		
Signature		Date	January 11, 2005

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Authorized Signature Gary T. Aka  
 Typed or printed name Gary T. Aka

Date 1/11/05  
 Registration No. 29,038

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